



PRE-APPLICATION MEETING

Planning & Community Development

PARCEL INFORMATION (Include all parcel(s) information. Attach additional sheets, if necessary.)

Project Address: _____

(Leave blank if address is not assigned)

Parcel Number (Property Tax Account Number): _ _ _ _ _ -- _ _ _ _ _

PROPERTY OWNER INFORMATION

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _ _ _ _ -- _ _ _ _ -- _ _ _ _ Cell Phone: _ _ _ _ -- _ _ _ _ -- _ _ _ _

Contact: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _ _ _ _ -- _ _ _ _ -- _ _ _ _ Cell Phone: _ _ _ _ -- _ _ _ _ -- _ _ _ _

PROJECT INFORMATION

Type of Application	<input type="checkbox"/> Single Family	<input type="checkbox"/> Multifamily	<input type="checkbox"/> Non-residential	<input type="checkbox"/> Legislative
Building/Construction	<input type="checkbox"/> New Construction	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Fire Sprinkler
	<input type="checkbox"/> Addition/Remodel	<input type="checkbox"/> Demolition	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Fire Alarm
			<input type="checkbox"/> Other	
Land Use	<input type="checkbox"/> Clearing & Grading	<input type="checkbox"/> Site Development	<input type="checkbox"/> Use -Home Occupation	<input type="checkbox"/> Conditional Use
	<input type="checkbox"/> Subdivision	<input type="checkbox"/> Zoning Variance	Bed and Breakfast	<input type="checkbox"/> Code Interpretation
	<input type="checkbox"/> Short Plat	<input type="checkbox"/> Engineering Variance	Temporary Use	<input type="checkbox"/> Rezone
Other	<input type="checkbox"/> Critical Area Reasonable Use Permit		<input type="checkbox"/> Comprehensive Plan Amendment	
	<input type="checkbox"/> Critical Area Special Use Permit		<input type="checkbox"/> Development Code Amendment	

PROJECT DESCRIPTION:

Construction Value: _____